

change name, mailing address, contact, contact address, owner, owner address, type  
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# WV101010101318131918 Date: 7-14-97

II. FACILITY NAME Custom Auto and Exhaust

NEW FACILITY NAME

Name Change

Chucks Auto Service

III. LOCATION OF INSTALLATION

Street

City/Town

State

Zip

County Code

Count

4/23/98

IV. INSTALLATION

NAME Δ'd

Street

City/Town

5QG

Zip

V. INSTALLATION

Last Name

Keneske

First

Stanley

Job Title

Phone #

(304) 343-5571

VI. INSTALLATION CONTACT ADDRESS

Street

City/Town

State

Zip

VII. OWNERSHIP

Name of Legal Owner

Stanley Keneske

Street

1724 Bigley Av

City/Town

State

Zip

Phone #

(304) 343-5571

Land Type

Owner Type

IX. WASTE CODES

Delete Old Waste Codes


Add New Waste Codes

<u>0006</u>				
<u>0027</u>				
<u>0040</u>				

Updated in RCRIS by:

HST

Date:

7-17

AM

7-22

**VIII A. Hazardous Waste Activity**

	Type	RCRA Reg. Status	RCRA Reg. Desc.
1.	Generator	_____	_____
2.	Transporter	_____	_____
3.	TSD	_____	_____
Mode of Transportation for Transporter			
	Air _____	Rail _____	Highway _____
		Water _____	Other _____

4. **HWF Burner/Blender:**

- B Boiler and/or Industrial Furnace (BIF) only.  
D BIF only; Smelter Deferral.  
E BIF only; Small Quantity Exemption Claimed.  
N Not a Burner/Blender, Verified.  
X Other Burner/Blender Activity.  
Blank Unverified.

a. **HWF Marketing to Burner:**

- X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.

b. **HWF Other Marketers:**

- X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

c. **HWF Boiler/Industrial Furnace:**

- B Boiler and/or Industrial Furnace (BIF) only.  
X Indication of Activity.

5. **Underground Injection Control:**

- X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

**VIII B. Used Oil Recycling Activities**1. **Used Oil Recycling Activities**a. **Used Oil Marketer to Burner:**

- X Marketer directs shipments of used oil to burners.

b. **Used Oil Other Marketers:**

- X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).

2. **Used Oil Burner:**

- X Indication of Activity.

**Burner Types:**

Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Industrial Furnace \_\_\_\_\_  
H=Hazardous Waste Fuel U=Used Oil Fuel B=Both

3. **Used Oil Transporter:**

T=Transporter \_\_\_\_\_ F=Transfer \_\_\_\_\_ B=Both

4. **Used Oil Processor/Re-refiner:**

P=Process Only \_\_\_\_\_ R=Refine Only \_\_\_\_\_ B=Both

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification

☒ B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

WV 0000038398

## II. Name of Installation (Include company and specific site name)

CHUCKS AUTO SERVICE

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1724 BIGLEY AVE

Street (Continued)

City or Town

Charleston

State

WV

Zip Code

25302-

County Code

039

County Name

Kanawha

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1724 BIGLEY AVE

City or Town

Charleston

State

WV

Zip Code

25302-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

KENESKE

(First)

STANLEY

Job Title

OWNER

Phone Number (Area Code and Number)

304-343-5571

## VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☒ ☐ ☐

B. Street or P.O. Box

1724 BIGLEY AVE

City or Town

Charleston

State

WV

Zip Code

25302-

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

STANLEY KENESKE

Street, P.O. Box, or Route Number

1724 BIGLEY AVE

City or Town

Charleston

State

WV

Zip Code

25302-

Phone Number (Area Code and Number)

304-343-5571

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

05 01 97

Bo

JUL 14 1997

REC: FREEDMAN'S BRANCH

EPA - Region III

ID - For Official Use Only

A- Hazardous Waste Activity		B- Used Oil Recycling Activities	
<b>1. Generator (See Instructions):</b> <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> <b>3. Treater, Storer, Disposer (at Installation):</b> Note: A permit is required for this activity; see instructions.	<b>1. Used Oil Fuel Markets:</b> <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications	<b>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s):</b> <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace
<b>2. Transporter (Indicate Mode in boxes 1-5 below):</b> <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes	<b>4. Hazardous Waste Fuel:</b> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace: <input type="checkbox"/> 1. Small Quantity Exemption <input type="checkbox"/> 2. Small Quantity Exemption	<b>2. Used Oil Transporter - Indicate Type(s) of Activity (see):</b> <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility	<b>3. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity (see):</b> <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner
<b>Mode of Transportation:</b> <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other: specify _____	<b>Indicate Type of Combustion Device(s):</b> <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 4. Underground Injection Control		

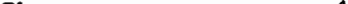
**A. Characteristics of Nonlisted Hazardous Wastes.** (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitability (D001)	2. Corrosivity (D002)	3. Reactivity (D003)	4. Toxicity Characteristics (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D006 D008 D018 D027

1	2	3	4	5	6
7	8	9	10	11	12

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<b>Signature</b> 	<b>Name and Official Title (Type or print)</b> S.J. Kenieske (owner)	<b>Date Signed</b> 06-11-97
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JUN 23 1997

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the manual for Water Management Notifications)



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ WV0000038398

07/23/97

INSTALLATION ADDRESS

CHUCKS AUTO SERVICE  
1724 BIGLEY AV  
CHARLESTON, WV 25302  
STANLEY KENESKE OWNER

1724 BIGLEY AV  
CHARLESTON, WV 25302

EPA Form 8700-12A (6-90)



ACKNOWLEDGEMENT OF NOTIFICATION  
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EPA I.D. NUMBER

+ WV0000038398

INSTALLATION ADDRESS

CUSTOM AUTO AND EXHAUST  
1724 BIGLEY AV  
CHARLESTON, WV 25302  
DAVE DEHART OWNER

1724 BIGLEY AV  
CHARLESTON, WV 25302

EPA Form 8700-12A (6-90)

```
*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: WV0000038398      Other ID:                               Merge Send: Y                               *
*Date Received(MMDDYY):  100793      Source( N/E/S ):  N Non-Notifier Flag:                               *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                               *
*Name of Installation:  CUSTOM AUTO AND EXHAUST                               *
*                               Installation Location Address                               *
*Streets:  1724 BIGLEY AV                               *
*City:      CHARLESTON                               State:  WV      Zip:      25302                               *
*County Code:  039      County Name:  KANAWHA                               *
*                               Installation Mailing Address                               *
*Streets:  1724 BIGLEY AV                               *
*City:      CHARLESTON                               State:  WV      Zip:      25302                               *
*                               Contact Information                               *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* DEHART           DAVE            OWNER      3043432886      L                               *
*Streets:  1724 BIGLEY AV                               *
*City:      CHARLESTON                               State:  WV      Zip:      25302                               *
*Land Type:  P                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                               *
*****
```

```
*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA ID:    WV0000038398      Other ID:                               Source:    N                               *
*
* Owner Sequence Number:      1                                         Type of Owner:    P                               *
* Ownership:  BETTY EHMAN                                              *
*
*                               Address of Owner/Operator                               *
*
* Street: 1730 BIGLEY AV                                              *
* City:   CHARLESTON          State: WV Zip Code    25302           *
* Phone:  3043428791                                              *
*
* Current/Previous Indicator: CO Change Date(MMDDYY):                *
*
*
*****
* Enter-Continue  F1-Previous Screen  F3-Exit      F5-Curr. Owner  *
* F6-Prev. Owner  F8-Help             F9-First      F10-Next       *
*****
```

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*****
*      RCRIS: Notification View Screen 4A of 6      *
*****
* EPA ID:  WV0000038398      Other ID:              Source:  N      *
*
*
*      RCRA Reg   RCRA Reg   State Reg   State Reg
* Waste Activity   Type   Status   Desc   Status   Desc
* -----
* HW Generator:           3           R
* HW TSD:
* HW Transporter:
*   Transport Mode:  Air:           Rail:           Highway:           Water:
*                   Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help      *
*****

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Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

WTF 140D

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

WV00000038398

## II. Name of Installation (Include company and specific site name)

CUSTOM AUTO &amp; EXHAUST

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1724 BIGLEY AVE

Street (continued)

CHARLESTON WVA

City or Town

CHARLESTON

State

ZIP Code

WV 25302-

County Code County Name

039 KANAWHA

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1724 BIGLEY AVE

City or Town

CHARLESTON

State

ZIP Code

WV 25302-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

DEHART

(first)

DAVE

Job Title

OWNER

Phone Number (area code and number)

304-343-2886

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

1724 BIGLEY AVE

City or Town

CHARLESTON

State

ZIP Code

WV 25302-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

BETTY ELMAN

Street, P.O. Box, or Route Number

1730 BIGLEY AVE

City or Town

CHARLESTON

State

ZIP Code

WV 25302-

Phone Number (area code and number)

304-342-8791

B. Land Type



C. Owner Type



D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year

RECEIVED  
GENERAL STATE SEC  
OCT 7 1993

4767

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer  
(or On-site Burner) Who First Claims  
the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D008 D039 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

*David M. DeHart* David M. DeHart Asst. Sept 13-93

## XI. Comments

11-17-93 Hum

08/11/92

SEP 1 1993

Division of Environmental Protection

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section II of the Booklet for addresses.)